DOCUMENT RESUME

ED 032 404 VT 008 775

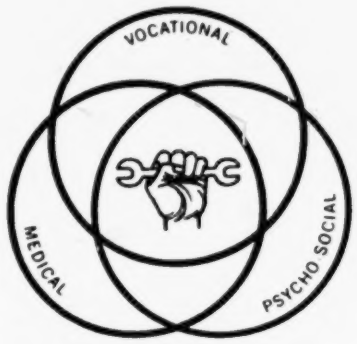
By-Nichols, Jack L.; Abrams, Harvey A.

The Relocation of the Hard Core Unemployed.

Minneapolis Rehabilitation Center, Minn.
Spons Agency-Manpower Administration (DOL), Washington, D.C.; United Fund of Minneapolis, Minn.
Pub Date Feb 68
Note-72p.
EDRS Price MF-$0.50 HC-$3.70
Descriptors-*Rehabilitation, *Relocation, *Rural Population, *Unemployed
Identifiers-Minneapolis St. Paul

The purpose of the Minneapolis Rehabilitation Center project (July 1966 to June 1967) was to prepare a sample of 80 unemployed residents of small communities in northern Minnesota to live and work in the metropolitan Minneapolis-St. Paul area. Heads of households were provided intensive, comprehensive evaluation and treatment services to deal with their social, vocational, and psychological problems. In addition, they were provided services to facilitate their integration into the new community: tours of urban industries, help in approaches to finding work in a large city, help in finding housing, etc. At the conclusion of the services, they were assisted to secure suitable employment. After demonstrating job stability, clients were provided financial assistance to move their families to the urban area. Of the 80 clients, 46 relocated and, 2 months after relocating, only one had returned to the supply area community. It was concluded that relocation can be a viable tool with populations of the kind studied, provided financial assistance for relocation can be coupled with extensive services that simultaneously deal with the characteristic complex of interrelated life problems. (JK)

ED032404



U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

THE RELOCATION of the HARD CORE UNEMPLOYED

Prepared By

JACK L. NICHOLS, Project Coordinator

Collaborating With

HARVEY A. ABRAMS, Project Social Worker

FEBRUARY 1968

Based on a Labor Mobility Demonstration Project

Gary Prazak, Project Director

MINNEAPOLIS REHABILITATION CENTER, INC.

1900 Chicago Avenue • Minneapolis, Minn. 55404

Sponsored by

United Fund of Minneapolis Area

Cooperating in the project was the Minnesota Department of Employment Security. The project was supported through a contract (Number 87-25-66-13) with the U .S. Department of Labor, Office of Manpower Administration.

VT008775

ACKNOWLEDGEMENTS

We wish to express our sincere appreciation to personnel of the Minnesota Department of Employment Security, George Vavoulis, Commissioner. The project created a number of special problems for Employment Security personnel, but we found them eager to do everything possible to solve the problems. Limitations of space preclude mention of all those who assisted us, however, special thanks for their guidance and assistance are due the following state office personnel of the Minnesota State Employment Service (MSES): Clinton Boo, Assistant Commissioner; Anthony Caligiuri, Director of Field Operations; Merle Kinvig, Director of Staff Operations; Ray Solem, Manpower Utilization Coordinator; and Russell Simonsen, Training Payment Unit Supervisor.

We were ably assisted in our work in the Supply Area by the MSES District Supervisors, Mark Popovich and John Nordlund.

It is difficult to describe the tremendous effort and cooperation which was put forth by the already overburdened personnel in the twelve MSES Local Offices in the Supply Area. In view of their important role in the Project, the Manager and Selection and Referral Officer of each Local Office is listed here.

MSES Local Office Staff

Manager	Selection and Referral Officer	Local Office
Roy Anderson	O. Wm. Daly	Duluth
Victor Collyard	George Nisius	Hibbing
Roy Skramstad	Joyce Gordon	Virginia
Robert Frederickson	Darrel Bratten	International Falls
Fred Ferguson	Darrel Mathieu	Brainerd
Ray Boyer	Richard Morlen	Bemidji
Juel Stadum	Wilfred Bartsch	Thief River Falls
Richard Foss	Paul Opskar	Crookston
Clayton Riste	Alfred Wasserman	Grand Rapids
William Fraser	William Fraser	Detroit Lakes
Maynard Thoren	Myrtle Jarvi	Ely
Earl Blake	William Parent	Mora

In the course of project operations, we frequently had the opportunity to work with both state office and county personnel of the Minnesota Department of Public Welfare. Particular help was given to us by Russell Simmons, State Supervisor, General Relief and Old Age Assistance.

We also had occasion to work with Minnesota representatives of the Office of Economic Opportunity, particularly James Turgeon, Field Representative.

Our thanks go to the following Twin Cities companies for making their facilities available for client orientation tours to urban industries:

Honeywell Corporation
Pako Corporation
Munsingwear, Inc.

We were capably guided in fulfilling our contract responsibilities by Roland Brack, our liaison in the Department of Labor.

We would like to individually acknowledge the efforts of all of the administrative, professional, and clerical staff of the MRC who contributed so much to the project. Again, limitations of space do not make this possible. Credit should be given, however, to Robert A. Walker, Associate Director, who conceptualized the project and did the groundbreaking to make it a reality.

February, 1968

PREFACE

This report on a special manpower project was prepared under a contract with the Office of Manpower Administration, U.S. Department of Labor, under the authority of the Manpower Development and Training Act. Organizations undertaking such projects under Government sponsorship are encouraged to express their own judgment freely. Therefore, points of view or opinions stated in this document do not necessarily represent the official position or policy of the Department of Labor.

TABLE OF CONTENTS

Section	Page
Acknowledgements	i
Preface	ii
Purpose and Background	1
Summary	2
Characteristics of Clients Who Started the Program	5
A. Employment History	5
B. Financial Condition	6
C. Education	7
D. Reading Skill	7
E. Computation Skill	7
F. Intellectual Functioning	8
G. Miscellaneous Demographic Variables	8
H. Physical, Social, and Psychological Problems	9
The Labor Market	10
The Community	11
A. Geographic Mobility	11
B. Living Situation	11
C. Ties to the Community	11
D. Community Services	12
E. Motivation to Relocate	13
Project Services and Findings	14
A. Selection and Referral	14
B. Screening	15
C. Orientation, Diagnosis, and Preparation	17
D. Team Rehabilitation Services	18
E. Job-Seeking and Relocation	21
F. Follow-Up	26
Status of Clients at End of Project	29
Response to the Survey	29
Community of Residence	29
Work Status	30
Wages	30
Job Retention	30
Financial Condition	30
Housing	31
Service Rates	32
Costs and Benefits	33
Implications and Recommendations	36
Appendix	
A. Referral Criteria	
B. Referral Form and Personal History Form	
C. Vocational Diagnosis Form	
D. Follow-Up Form	
E. Case Examples	
F. Analysis of MSES-MRC Relationship	
G. Schedule of Supplemental Group Programs	

PURPOSE AND BACKGROUND

This report documents the findings of a project designed to determine the techniques and services which are necessary to prepare marginal, hard-core unemployed residents of small rural communities to live and work in large urban areas.

The rationale is that services must be developed which will make it possible to intervene in the current national manpower problem which finds an oversupply of workers in many rural areas of the country while at the same time there are large numbers of unfilled jobs in urban areas. This surplus of workers in our rural areas has created an intense competition for the few jobs which are available. For skilled and personally resourceful individuals this competition has posed no insurmountable problem as they have been able to move to where jobs are more abundant. Many with special problems, however, are not so adequate nor resourceful and have consequently remained in these small communities. They face the dilemma of being marginal workers in communities which have little or no work to offer. The end result is that most rural communities now have growing pools of chronically unemployed and marginal workers.

Under provisions of the Manpower Development and Training Act (Public Law 87-415), the U.S. Department of Labor funded several Labor Mobility Demonstration Projects throughout the country in order to assess the efficacy of instituting a relocation program as part of an effort to relieve the conditions in the small rural communities.

This project, one of those funded, differed from others in that it involved the cooperative efforts of a state employment security agency, which selected the potential relocatees, and a private, non-profit agency which provided those selected with a wide range of rehabilitation services in the demand area to help them relocate and find work in a large metropolitan area.

SUMMARY

Between July, 1966 and June, 1967, the Minneapolis Rehabilitation Center attempted to prepare a sample of 80 unemployed residents of small communities in Northern Minnesota to live and work in the metropolitan Minneapolis- St. Paul area.

A potential relocatee was selected for project services in the supply community after having met each of the following criteria. The person must:

a) be unemployed and without a reasonable expectation of obtaining suitable local employment,

b) be unable to obtain significant benefit from any other State Employment Service program or other local services,

c) have an expressed interest in the rehabilitation and relocation services offered through the project,

d) be in need of special services to relocate and secure employment.

Heads of households in the sample were then referred to the Minneapolis Rehabilitation Center (MRC) where they were provided intensive, comprehensive evaluation and treatment services to deal with their social, vocational, and psychological problems. In addition, they were provided a wide variety of services to facilitate their integration into the new community. These services included tours of urban industries, help in learning how to find work in a large city, help in finding housing, etc.

At the conclusion of these services, those in the sample were assisted to secure suitable employment in the Minneapolis-St. Paul area. After demonstrating job stability, clients were relocated (provided the financial assistance necessary to move their families and household goods to the urban area).

Of the 80 clients who started the MRC program, 46 or 58%, were enabled to relocate to the urban area. At a point two months after relocating, only one of the 46 had returned to the supply area community (compared to the national return rate of approximately 20%).

Slightly less than one-half of the sample, 34 of 80, did not relocate. 18 of these who did not relocate voluntarily terminated the program prior to relocation. Typically, those who thus "dropped out" of the program lacked sufficient interest or motivation to make the changes in their behavior necessary to enable them to secure employment and relocate to an urban area.

16 of the 80 who started the program were considered by project staff as not feasible for continuous competitive employment and/or independent living in a large urban area and were counseled out of the program prior to relocation. These "counsel outs" were then assisted to find other alternatives such as sheltered work, long-term work adjustment training, skill training, etc. Typically, the counsel outs were found to have social, psychiatric, or medical problems of such severity that it became obvious they could not cope with the demands of working and living in a large metropolitan community.

Although the complete report documents a number of interesting findings, our primary conclusions are as follows:

1. The majority of the clients were unemployed in their home area because of the interaction of their own inadequate behavior and a highly restrictive job market.

2. The most common problems of both those who relocated and those who did not were:

   a. Lack of an appropriate job goal.
   b. Poor job-seeking behaviors.
   c. Poor job retention due to personality problems.
   d. Severe financial problems brought about by intermittent work, financial irresponsibility, and over-extension by lending agencies.
   e. Chronic family stress.
   f. Behavior that typified an attitude that the responsibility for the cause and solution of their problems belonged to others.

3. In their home community the clients were unable to obtain the assistance necessary to overcome their problems because those resources which do exist are unable to provide the multi-faceted services which are necessary for multi-problem people.

4. Many of the marginal citizens of small, rural communities do want the opportunity for a new start and are willing to relocate to a large city to get it.

5. Despite their willingness to move, the clients required costly, extensive services directed at a variety of problems, in order to make relocation feasible. In effect, through relocation, the project was able to change the environment for those who could be assisted to make the necessary changes in their own behavior.

6. Weekly MDTA Training and Subsistence allowances and Relocation Assistance grants were essential as they functioned as an incentive to enter and remain in the program and they provided the client with the financial support necessary to enter the urban labor market. A basic reason why many clients had not sought work in the city before was the absence of reserve funds to support even a brief period of job search.

7. The majority of the families who relocated are involved, in a positive sense, in a cultural change of major proportion. They have moved from a world dominated by rural, seasonal work to a world of urban, year-round work. Most families are now in the process of transition from an impoverished class to the stable working class. The children will be maturing in a family environment with a steadily employed head as a model. The impact to the worker and his family of a steady, adequate paycheck will affect both intrafamily relations and relations to the wider community.

In short, relocation can be a viable tool for use with this population. It seems clear, however, that financial assistance for relocation must be coupled with extensive services that simultaneously deal with the characteristic complex of interrelated life problems.

THE CLIENTS

THE LABOR MARKET

THE SMALL COMMUNITY

CHARACTERISTICS OF CLIENTS WHO STARTED THE PROGRAM

Probably the most significant project finding is the multi-problem nature of the clients and the relationship between these problems, the labor market, and the clients' marginality in a small community.

A picture of the clients and their problems can be seen by an analysis of selected characteristics of the 80 who started the rehabilitation and relocation program. (The term "client" will be used throughout this report to refer to those people seen by the Minneapolis Rehabilitation Center rather than "trainee" which typically refers to people in formal occupational training programs.)

A. EMPLOYMENT HISTORY

Table I below indicates that the last job for almost half of the clients was of a seasonal nature.

Table I

LAST JOB HELD PRIOR TO THE PROJECT

Job Area	Per Cent	Average Salary Per Hr.
Clerical (office, sales)	6%	$2.25
Service (dishwasher, janitor)	16%	$1.58
Seasonal Labor (pulp cutter)	48%	$2.10
Factory (assembly, mach.oper.)	19%	$2.13
Odd jobs (car wash, baby sitting)	5%	$ .96
Miscellaneous	4%	$1.52
No previous work	2%	-----

55% of the seasonal jobs were in construction with the remainder in tourist and forestry-related areas. Only one client was engaged in farming at the time of his referral.

Expecting that the clients would be paid rather poorly, an unexpected finding was the average salary on their last job of $1.94 per hour. The importance of salary is markedly diminished, however, when Table II and Table III are analyzed. Table II shows that 60% of the clients held their last job for less than four months. This is in obvious contrast to the national average of 4.5 years.

Table II

LENGTH OF TIME ON LAST JOB

Length	Per Cent
Less than 4 months	61%
4 to 12 months	20%
More than 12 months	19%

A further indicator of the intermittent nature of employment for the clients is the finding that the average client had been out of work for five months from the end of his last job to the date of referral to the project.

In summary, the clients tended to be briefly employed in relatively good-paying, seasonal jobs with lengthy periods of unemployment between jobs.

B. FINANCIAL CONDITION

Table III gives the yearly income figure for the project's clients and their families.

Table III

TOTAL FAMILY INCOME

Income	Per Cent
Under $1200	9%
$1200 to $2999	42%
$3000 to $4999	37%
$5000 to $6999	8%
$7000 or more	4%

Slightly more than half could be considered to be at the poverty level with an income of less than $3,000 during the year prior to referral. This figure includes money from all sources. 40% of the clients received Unemployment Compensation during the year prior to referral. 55% of the clients received welfare or other public assistance during the one year period prior to referral. About one-fourth of those received more than $1,000.

The fact that 80% of the clients had no reserve funds of any kind is a further indicator of their poor financial condition. A distressing financial squeeze is evident when their limited income and lack of reserve funds is compared to the finding that nearly 40% owe more than $500 and 10% more than $3,000, mostly to doctors, hospitals, and small loan companies. These figures are minimal estimates of indebtedness as many clients were reluctant to discuss their financial plight at the time the information was collected. The large amounts owed to medical resources is surprising, since, with their limited income, the clients would seem to be eligible for medical assistance through their local county welfare department. The project's experience indicates that the clients did not receive this assistance because of misinterpretation of county policy by some caseworkers.

Our conclusion is that the clients are heavily in debt with an unstable limited income. Thus, without financial help, they would be unable to sustain even a brief job search in an area where jobs are more abundant.

C. EDUCATION

The average number of years of formal schooling completed by the clients was 9.4. Table IV gives the distribution.

Table IV

EDUCATION

N=80

Last Grade Completed	Number	Per Cent
Less than 8	9	11%
8 to 11	51	64%
12 or more	20	25%

A comparison can be made with information from the 1960 United States Census for persons 25 years of age or older. The clients in the project had: less average years of schooling (9.4 versus 10.6), less than one-half the percentage of high school graduates (25% versus 52%); a slightly smaller percentage of those with less than an eighth grade education (11% versus 15%). Educational level was not found to be related to whether or not a client relocated.

Analysis was also made of special job training which clients may have been exposed to. 32 of the 80 clients had special job training in the past with more than half of those completing the course. 9 of the 32 were previously involved with MDTA training. Whether or not a client had previous job training was also not related to outcome in this project.

D. READING SKILL

As a measure of reading proficiency, the Gates Reading Survey was administered. The average reading comprehension score was at the 7.9 grade level for those tested. National surveys of reading skill place the average at the eighth grade level.

A reading comprehension score below the sixth grade level is considered to be a vocational handicap as some degree of literacy is required to obtain most jobs. 26% of the clients scored below this level. 20% of those who eventually relocated read at less than a sixth grade level, while 35% of those who did not relocate were in this category. Thus, reading deficiencies were moderately related to out-come in the project.

E. COMPUTATION SKILL

A Wide Range Achievement Test was also administered to the clients to determine their ability to do basic computation -- add, subtract, multiply, and divide. Although these skills are not always necessary to get a job, the lack of the skills may restrict occupational mobility.

The average arithmetic score was at the 6.7 grade level for those tested. A score at the fifth grade level or above is necessary to do basic computation. 26% of all clients scored below this level. These scores were also related to project outcome. 19% of those who relocated could not do basic computation, while 46% of those who dropped out and 31% of those who were counseled out of relocation could not do basic computation.

In summary, about ¼ of the sample had serious deficiencies in reading and arithmetic - deficiencies which were related to success or failure in our attempts to relocate them. Both deficiencies were present in about one-half of these clients.

F. INTELLECTUAL FUNCTIONING

The Army General Classification Test was administered to the clients in order to assess their general level of intellectual functioning. The average AGCT score of the sample was 99, with 68% of the scores between 80 and 118. The range of scores was 50 to 134. This distribution of scores is remarkably similar to the distribution of scores of the general population.

G. MISCELLANEOUS DEMOGRAPHIC VARIABLES

1. Age

Table V shows the age distribution of the 80 clients who started the program. For comparison purposes, the last column reflects the age of those who relocated.

Table V

	All Clients		Relocated	
Category	Number	Per Cent	Number	Per Cent
20 or less	12	15%	8	17%
21 to 44	48	60%	29	63%
45 or more	20	25%	9	20%

The average age of the clients was 30 with a range of 17-55. Age was not related to successful outcome in the project.

2. Sex

In the sample, 85% were male and 15% female. The typical distribution of Minnesota unemployment insurance claimants is 75% male and 25% female. The difference between the two distributions is probably related to the relocation aspects of the program which could be expected to reach more male heads of families. Sex was not found to be related to outcome.

3. Marital Status

The project found a difference in the marital status of those who dropped out as compared to those who successfully relocated and those who were returned to the supply area by the project (counseled out). Table VI points up these differences.

Table VI

Marital Status

	Married		Single		Other	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Relocated	21	50%	17	65%	8	67%
Counseled Out	6	14%	6	23%	4	33%
Dropped Out	15	36%	3	12%	0	0
Total	42		26		12	

The high percentage of "drop outs" who were married seems to be related to family problems which developed after the husband left home to begin the project program. The distribution of marital status for <u>all</u> clients was: married-52%, single-33%, other (divorced, widowed, separated)-15%. A recent study based on a random sampling of unemployed persons in Minnesota found over 70% married.

4. Number of Dependents

The average number of dependents in the sample, including the client, was 3.2 with a range of 1 to 14. One-fourth had more than five dependents. This finding, when combined with the clients previously noted limited income and lack of reserve funds, helps to explain why they have not been able to relocate on their own.

H. PHYSICAL, SOCIAL AND PSYCHOLOGICAL PROBLEMS

1. Physical

19% had a physical problem which was found to affect vocational planning. The most frequently encountered physical problem was gross obesity which had led to hypertension. The end result was an inability to successfully pass physical examinations for employment.

2. Psychological

Case history information was analyzed in an attempt to determine the incidence of previously identified mental illness. One-third of the clients had a previously applied psychiatric diagnosis. More than half of these had received treatment for their disorder at state mental hospitals or mental hygiene clinics. This percentage probably represents a minimal figure of psychiatric distress as many of the clients with obvious mental problems had successfully avoided treatment in the past.

3. Social

The two social problems studied were the incidence of severe drinking problems and illegal activity. The casework staff considered 38% of the clients to have a current drinking problem of such severity that it affected the clients' ability to get and hold a job. A large number of these clients had histories of repeated hospitalizations for chronic alcoholism.

The other indicator of social pathology which was studied was involvement in criminal activities other than minor traffic offenses. It was found that 35% of the clients had engaged in anti-social behavior that had reached the attention of the courts.

In summary, 75% of the clients in the sample were found to have one of the measured physical, social, or psychological problems with such severity that the problem significantly affected vocational planning. A further grasp of the multi-problem nature of the clients can be obtained by noting that, of the 75% mentioned above, 57% had problems in more than one of the three areas.

THE LABOR MARKET

Analysis of the employment opportunities for competent, adequate workers is essential to understanding the employment problems of the unskilled and inadequate in a highly competitive labor market.

In the twenty-four county northern half of Minnesota - which constituted the project's supply area - the primary employment opportunities are in mining, construction, paper manufacturing, forestry, and tourist-related industries. Due to the seasonal nature of these industries, the unemployment rate reaches 23.5% of the labor force in some counties during the winter months. Supply and demand area monthly unemployment rates during the period of project operations are compared in Table VII.

Table VII

MONTHLY UNEMPLOYMENT RATES
July 1966 - June 1967

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Supply Area	3.7	3.2	3.0	2.7	6.9	8.2	9.6	12.3	12.5	10.3	7.8	6.5
Demand Area	2.1	2.0	1.7	1.5	2.0	1.9	2.2	2.3	2.2	2.0	1.9	2.7

The average unemployment rate in the supply area was 7.2% of the labor force in contrast to 2.0% in the five county Minneapolis-St. Paul area. The difference in rates is between Depression level unemployment and "full employment". Particularly important to an understanding of the extent of supply area unemployment is a comparison of the rates during the months of February through April. During those months the rate rises to an average of 11.5%. The intensity of competition for jobs in the supply area thus becomes obvious.

THE COMMUNITY

In order to further assess the factors which might be associated with relocation, the project studied various characteristics of the clients in relation to the supply area community in which they were living.

A. GEOGRAPHICAL MOBILITY

The small town, hard-core unemployed are not a geographically mobile group. 41% were born in the community in which they were living at the time of referral. Of those who were not born in the community where they were living, 55% were born in a community less than 200 miles away.

The majority had taken trips 100 miles away from home five or less times in the five years prior to referral - an average of only one a year. This is not unexpected. Nevertheless, it points to their lack of exposure to other ways of life.

B. LIVING SITUATION

Table VIII below gives the housing arrangements of the clients at the time of referral to the project.

Table VIII

HOUSING ARRANGEMENTS

N=80

Arrangement	Number	Per Cent
Own Home Outright	4	5%
Buying Home	6	8%
Renting, Leasing	47	59%
Living Rent Free	23	29%

Almost 30% of the clients were dependent on parents and in-laws for a place to live.

C. TIES TO THE COMMUNITY

Almost without exception the clients in the sample were not social participants in their home community. Few belonged to any groups. Most no longer attended church. They, rather realistically, perceived themselves as outcasts in the community and were not involved in any of its activities.

91% of the clients saw the lack of employment opportunities as the primary disadvantage of remaining in the community. In spite of this, well over half of the clients said they would prefer not to remain in the community, even if they could find a job.

When asked to cite advantages of remaining in the home community, those who eventually relocated and those who did not responded differently. The key difference is summarized in Table IX below.

Table IX

ADVANTAGES OF REMAINING IN SUPPLY AREA COMMUNITY

Project Outcome	Family Considerations	Community Considerations
Relocated	27%	57%
Not Relocated	64%	21%

The majority of clients who did not relocate gave "family considerations" as the primary advantage of remaining in the community. This is probably related to the finding that 83% of those who dropped out of the project before relocating were married. "Community considerations" refers to such things as church activities, nearness of schools, etc.

The clients had thought of the possibility of relocating before. 94% said they had considered moving prior to the project. 62% cited lack of funds as the primary reason why they did not follow through.

Although related to the selection process, an unexpected finding relates to the long-held belief that people from small communities do not want to move to large urban areas. More than two-thirds of the project's clients were from small communities. Yet, when asked if they had a strong preference for the size of the community in which they wanted to live, only one-fourth wanted to live in a small community again. 35% had a strong preference for moving to a large city.

D. COMMUNITY SERVICES

Excluding the State Employment Service, 74% of the clients had been active with one or more agencies in their community such as county welfare departments, mental hygiene clinics, etc. This figure reflects to some degree the amount of community services needed by these clients. Although most had received help, this help usually terminated when the client was working. Their social and vocational problems obviously persisted beyond that point.

Each of these agencies has its own objectives and services which meet the needs of the majority of the community. The key problem would appear to be the lack of coordinated social, vocational, and psychological services which are necessary for this kind of multi-problem population.

E. MOTIVATION TO RELOCATE

The preceding sections have documented the multi-problem nature of the clients; the intense competition for jobs in the small town; and the desire to relocate of the majority of the clients. Some of the "push" factors which seem to be associated with their desire to relocate are:

1. No local employment: 91% of the clients gave lack of local job opportunities as the primary reason for wanting to move. The importance of this factor is unquestioned. More intensive analysis, however, reveals additional factors which were often operating.

2. Dependence on relatives: 30% of the clients were living rent free, usually with parents and in-laws. For these clients, the psychological stress which comes from being unemployed and dependent on relatives was a major incentive to move.

3. The stigma of welfare assistance: Many of the clients had received extensive welfare assistance over the years. The stigma which is attached to being a chronic welfare recipient in a small town was a common push factor. For several young people, "like father-like son" generalizations were already effecting their ability to get jobs.

4. Poor reputation among employers: Word of poor job performance and inappropriate social behavior travels quickly from one employer to another in a small town. As a consequence, employers were reluctant to hire the clients except for short-term, menial jobs. The clients knew that a host of sins in their job histories could be avoided in a large city where workers are in high demand and references would not be investigated.

5. Desire to re-unite the family: In a small number of cases, the wives had become disenchanted with their husbands and left the home until the husband "straightened out". These men saw relocation to an area of abundant jobs as an opportunity to bring the family together again.

In short, many of the clients thought that relocating to a large community would give them an opportunity to start over with a clean slate. Thus, the project found the clients had the desire to move.

THE

PROJECT

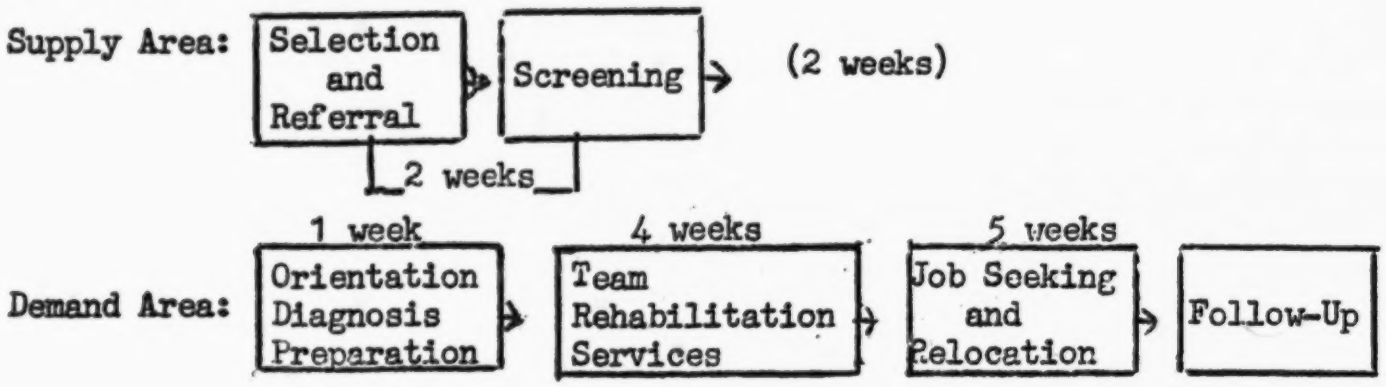
PROGRAM

SERVICES PROVIDED

The project's program of services can be divided into 6 phases:

1. Selection and Referral
2. Screening
3. Orientation, Diagnosis, and Preparation
4. Team Rehabilitation Services
5. Job-Seeking and Relocation
6. Follow-Up

The following flow chart illustrates where the services were provided, the sequence of programming, and the approximate amounts of time involved in each phase.



The next sections of the report will document the services provided and results in each of these 6 phases.

PHASE 1 - SELECTION AND REFERRAL

A. Services Provided

Selection and referral of appropriate clients was the responsibility of the 12 supply area Local Offices of the Minnesota State Employment Service (MSES). In order to make the existence of the project's services known to potential relocatees, various media of publicity were utilized:

1. Radio and newspaper announcements.
2. Discussions with County Welfare Department and Community Action Program personnel.
3. Counter-top display signs.
4. Hand outs for potential clients describing project services.

An applicant was referred to the Minneapolis Rehabilitation Center (MRC) if he met the following eligibility criteria:

1. Either sex, age 17-55
2. Unemployed
3. Registered with the MSES and unable to obtain significant benefit from any other MSES program.
4. No progressive or terminal medical problem.
5. Had the potential for at least 5 years of work in the demand area.
6. MRC services would not conflict with those offered by other community agencies.

B. Findings

A total of 197 people were referred to the project by the MSES.

The number of referrals each month was highly variable.
It was anticipated that the higher percentage of unemployed during the winter months would result in a greater number of referrals from December through March. In fact, fewer referrals were made. This seemed to be the result of two factors:

1. A heavy increase in Unemployment Compensation claims activity during those months which utilized previously available MSES staff time.
2. Shortages of personnel in some MSES offices.

The number of referrals each month ranged from a high of 44 to a low of 6. Consequently, after several months, the supply area was expanded to include another 9 counties served by 3 Local Offices.

A disproportionate number were referred from the city where the Local Office is located.
In the supply area, 34% of the total population live in a city with an MSES Local Office. However, 67% of the referrals lived in cities with Local Offices. Our conclusion is that people in areas remote to Local Offices were less likely to learn of the existence of the project's services. Typically in these remote areas only itinerant unemployment compensation claims services are provided by ES personnel.

Insufficient information provided to Local Offices.
Comments received from Local Office personnel indicate that their primary problem with the project was a lack of sufficient information about the MRC, the project program, and eligibility requirements. This resulted in their referral of many clients who were not eligible for services or who were not really interested in beginning a rehabilitation and relocation program.

PHASE 2 - SCREENING

A. Services Provided

After referral information was received, an MRC staff member made arrangements to interview the client in the Local Office. At that time, various forms were completed; the MRC program was explained; and the client's interest in and ability to profit by the services were assessed. If the client was accepted for services, a date was assigned to the client for reporting to the MRC and temporary housing near the Center was arranged. If the client was not accepted for services, other recommendations were made. Midway through the project it was decided to alter the screening procedure. Clients from selected Local Offices were screened at the MRC in the demand area, rather than in the supply area.

B. Findings

The disposition at screening of the 197 referred clients can be seen in Table X below.

Table X

SCREENING OUTCOME

Total Number Referred = 197

Outcome	Number	Per Cent
No Show for Screening	31	16%
Not interested at Screening	11	6%
Rejected for Services	61	31%
Accepted for MRC Services	94	48%

Low referral to acceptance ratio

Table X shows that slightly more than one-half of the clients referred were either not interested in the services or were rejected for services. The primary reason for rejection was failure to meet the eligibility requirements. It was felt that in many of these cases, the appropriateness of other MSES programs had not been sufficiently considered. In addition, a number of applicants were rejected because they appeared to be in need of and eligible for the services of existing supply area agencies such as the Minnesota Division of Vocational Rehabilitation.

The reason for many of the problems encountered was that MSES personnel did not have sufficient information about the project in order to make the decision as to which clients were appropriate for referral. In addition, the responsibilities of the ES to administer a large number of programs with no increase in staff in rural areas makes appropriate program selection more difficult.

Lack of assessment of spouses commitment to relocation

Findings in subsequent phases indicate that the spouse should be involved in the initial screening. In several cases, the commitment of the wife to relocation was assumed because of the husband's interest. Later, it was found that the wife may not have been as committed to relocate as her husband.

Need for screening in demand area

The following results were obtained by the change in the screening procedure in which some clients were screened in the demand area rather than in the supply area:

1. Screening and orientation were much more thorough in the demand area because of the increased amount of staff time available.
2. Clients willing to travel to the demand area for screening were found to be more concerned about their situation and more committed to doing something about it. In essence, travel to the MRC operated as a self-screening device.
3. The costs of screening were reduced by limiting the need for time-consuming, long distance MRC staff travel. In only a limited number of cases were there no local resources for the client to use to finance his screening travel. In those few cases, the travel costs were paid by MRC.

PHASE 3 - ORIENTATION, DIAGNOSIS, AND PREPARATION

A. Services Provided

This initial phase of MRC treatment began approximately two weeks after the client was screened and lasted for one week. Clients spent the first two days in a group orientation program which was designed to familiarize them with the new community; project purposes and requirements; and the MRC program. In addition to a tour of the city, the clients typically toured at least two urban factories.

The last three days of the first week were spent in a group work program which had three objectives:

1. Diagnosis - determine the key factors which contributed to the client's unemployment.
2. Information - provide the client with information concerning the relationship between his current vocational situation and the services available to him at the MRC.
3. Preparation - prepare the client to actively seek out and use those services which he determined were necessary to accomplish his rehabilitation.

B. Findings

Table X showed that 94 clients were accepted at screening for MRC services. A total of 80 clients actually reported to the MRC for the start of their rehabilitation and relocation program. The 14 clients who did not start either obtained employment in their home area or were unable to sustain a commitment to relocation. It was found that a much smaller percentage of those who were screened in the demand area failed to start the MRC program.

Most clients began the MRC program in a state of high anxiety
This anxiety seemed to result from the unknowns involved in entering a rehabilitation program and relocating to a large new community. It was found that the anxiety was usually reduced to a manageable level by provision of extensive, concrete orientation and preparation services.

Factory tours were found to be helpful
These tours offered many clients who had spent their entire working lives in outdoor jobs their first opportunity to see people working in factories.

Reasons for unemployment
The MRC staff found that the client's vocational problems typically were in one or more of three areas.

1. Lack of or inappropriate vocational objective. The clients frequently did not know what kind of job they should apply for.

2. Poor job-seeking behavior. Most of the clients did not look for work with sufficient frequency when unemployed. In addition, the majority of the clients did not know how to adequately explain their skills to an employer in a job interview. Most also had difficulty in explaining negative factors in their background such as discharges, long periods of unemployment, etc.

3. Poor job retention. The problems found in this area typically included excessive absences, poor punctuality, and poor relationships with supervisors or co-workers. In addition, many clients had problems with the quantity or quality of work they produced.

These behaviors typically resulted in short periods of employment with increasingly greater periods of unemployment between jobs.

Tendency to externalize responsibility for the cause of and solution to their problems.
One of the most difficult tasks in preparing the clients for rehabilitation services was assisting them to accept this responsibility. Typically, the clients blamed their problems on lack of a high school diploma, no training, bad foremen, caseworkers, etc. The ability to assume personal responsibility seems to be the primary factor which differentiates those who later relocated from those who did not.

PHASE 4 - TEAM REHABILITATION SERVICES

Immediately after completion of the Orientation, Diagnosis, and Preparation phase, each client was assigned to one of four MRC treatment teams and began the Team Rehabilitation Services phase of the program. During this approximately four week phase, the client was at the Minneapolis Rehabilitation Center all day, five days a week.

A. Services Provided

The team which worked with each client throughout the remainder of the program consisted of a vocational counselor, social worker, and vocational evaluator. Each team had the consulting services of a clinical psychologist, physician, and psychiatrist.

The vocational counselor worked with the clients toward isolating an appropriate job goal and assisted the clients to secure and retain employment in the metropolitan area.

The social worker dealt with those personal and social problems that affected the client's vocational adjustment and assisted the client to plan his relocation.

The vocational evaluator functioned in a simulated work setting with approximately $90,000 worth of equipment similar to the equipment used by industries in the urban area. A sample of the job areas in which a client could be evaluated includes: production machine operation, factory assembly and packaging, auto mechanics, typing, filing, bookkeeping, janitorial service, etc. Through the use of these job

performance samples, the vocational evaluator helped the client to assess his most appropriate job skills in relation to the urban labor market. The evaluator was also able in this setting to observe and correct behavior related to work habits, response to supervision, etc.

The team offered clients the following 11 services during this phase;

1. Work Evaluation Assessment (work habits, skills, response to supervision, etc.)
2. Work Evaluation Treatment (development of good work habits, motivation, etc.)
3. Job Training (limited to certain direct entry occupations such as machine operator, factory assembly, etc.)
4. Vocational Counseling Assessment
5. Vocational Counseling Treatment
6 Social Casework Evaluation
7. Social Casework Treatment
8. Group Treatment
9. Psychological Testing and Screening
10. Medical Screening
11. Psychiatric Screening

In addition to these 11 services, the following group work programs, called "Practical Living Programs" were provided to clients. These information-providing and discussion programs were led by a social group worker.

1. "How to get around town" - instruction in map reading, how to use busses, etc.
2. "What to do in your spare time" - discussion of demand area recreational opportunities.
3. "The project's moving program" - discussion of requirements, assistance available, etc.
4. "Moving plans and problems" - methods of moving, how to get estimates, etc.
5. "How to find housing" - scurces of information, how to read want-ads, how to organize a housing search.
6. "Community services available to you" - discussion of health services, debt adjustment services, summer camps for children, etc.
7. "How to apply for jobs" - sources of job leads, how to fill out an application blank, etc.
8. "How to interview for a job" - what to wear, what to say, etc.

The basic purpose of this variety of services was to prepare the client for employment in such a manner that he became capable of managing his vocational and personal life in a more effective fashion. Specifically, the objectives were:

1. To develop within each client an awareness of his total life situation and the personal resources which <u>he</u> could bring to bear on <u>his</u> problems.
2. To assist him in mobilizing these resources toward solving not only present problems but future problems.
3. To identify appropriate vocational objectives commensurate with the client's skills and abilities and the opportunities offered in the demand area job market.

4. To improve the client's work habits to a point that would enable him to retain employment.
5. To assist the client to prepare for his relocation.

B. Findings

Need for a variety of services

The project found that there is no single service component which can successfully rehabilitate persons with the massive vocational, social, and psychological problems exhibited by the clients. A wide variety of services appear to be necessary, focusing simultaneously on the clients' total life situation.

Home problems often caused some waning of commitment to relocation
This typically occurred after a short time in the program. When it occurred, it was frequently found that the client's wife in the supply area was unable to handle the problems and decision-making which was necessary in the husband's absence.

The special group work programs were helpful
These programs effectively provided the information the clients needed to plan their relocation. Just as important, however, was the opportunity the sessions provided clients to interact with people of similar background and problems. The project found that the group was frequently able to assuage the fears of individual clients.

Exposure to new job areas was provided by Vocational Evaluation
Enabling clients to try out on a number of work samples provided them with exposure to jobs which they had never previously considered. The clients were frequently found able to capitalize on native ability in job areas such as machine operation, nurse aide, factory assembly, etc. The use of job samples also served to reduce the clients fears that they would be unable to work indoors in a factory after years of outdoor work.

Problems with alcohol
As noted earlier in this report, many of the clients had severe drinking problems. On analysis, the project found that clients with drinking problems typically fell into one of two categories:

1. The adult male, usually with a family, whose drinking problem is relatively recent, usually beginning at some clearly identifiable crisis point such as the closing of the mine where he worked, loss of job, etc. This type of drinker was usually amenable to rehabilitation and relocation services.
2. The adult, typically unattached, male who had an extensive history of drinking problems. This type frequently had been jailed and hospitalized. For these persons, drinking is a way of life. The drinking is characterlogical - change of place and opportunity are not particularly helpful.

High incidence of severe family stress
The MRC casework staff reported that the clients frequently had very poor intra-family relations. This seemed to grow out of their heavy drinking and extensive unemployment. Many of the men had lost their role as head of the household and chief provider. In these cases, it was necessary to bring the wife to the MRC during the Team Rehabilitation Services phase in order to assess the potential of the family to successfully relocate. The problems in intra-family relationships frequently required the intervention of the MRC casework staff.

Money management problems
The combination of short-term work and lack of planning had resulted in severe financial problems for many of the clients. The project found that it was impractical to teach the essentials of budgeting until the clients secured employment and had steady incomes. However, in order to prevent garnishment of wages after the clients began working, MRC staff arranged for eligible clients to obtain exemption from garnishment certificates from their county welfare department.

MDTA allowances necessary
Provision for living allowances appears to be essential during this phase. The project found that the MDTA allowances provided clients with both needed money to live and an incentive to enter and remain in the program.

PHASE 5 - JOB-SEEKING AND RELOCATION

Once the client and the rehabilitation team considered getting a job and relocating to be feasible, the client left the Team Rehabilitation Services phase and began looking for work.

A. Services Provided

The clients were given whatever individual assistance they needed in order to secure an appropriate job. Clients were usually encouraged to find their own jobs without using MRC intervention with the employer. Once the job was obtained, the client was assisted to locate permanent housing; schools and other community agencies were contacted; moving estimates were secured; and arrangements were made to provide the client with relocation assistance allowances to cover the cost of transporting his family and household goods to the demand area.

B. Findings

Need for instruction in effective techniques of job-seeking
As noted before, the clients used poor job-seeking techniques in the supply area. For example, prior to the project, one client had driven from Northern Minnesota to Bremerton, Washington to apply for a job. This was done solely on the basis of matchbook advertising. Clients had to be provided extensive assistance in learning how to look for work efficiently and effectively in a large urban area. This assistance typically involved "mock" job interviews and group and individual discussions. A video tape machine was also used so that a client could

critically appraise himself. 77% of the clients were thus enabled to find their job without MRC intervention with the employer. The average length of time spent in job-seeking was 1.2 weeks. The most frequent source of job leads were newspaper want ads, used by 41% of the clients to find their job. When intervention by MRC was necessary before the client was hired, it was to document the client's ability to handle the job he was applying for. Employers were not asked to do anything unusual for project clients.

Assistance needed in locating demand area housing

The services necessary varied in degree of intensity with a client's adequacy and the size of his family. Clients with large families typically had restricted incomes which resulted in limiting the number of rental units available to them in decent neighborhoods. These clients usually required the direct intervention of MRC staff in locating suitable housing.

Earlier group work programs attempted to impress on the clients the need to do much of their own searching and instructed them in how to organize the search. The more adequate family men and most single clients required little else.

Those needing assistance in locating housing were helped by one or more of the following methods:

1. MRC staff screened newspaper want ads for the client
2. MRC staff accompanied the client and/or spouse to view units for rent.
3. For extremely large families, ads were placed in the newspaper for each of these clients.
4. When adequate rental units in the city could not be located quickly enough, some clients were referred to public housing facilities as a starting place in the new community.

This direct assistance was found to be necessary for many of the project's clients since they often lacked the information, skill, and time to carry out a successful housing search.

Racial prejudice of clients had to be dealt with

In several cases the clients were reluctant to move because of the greater proportion of Negroes in the demand area compared to the supply area. Typically, the problem was overcome when the abundance of jobs and the better housing in the demand area were pointed out.

Those Who Did Not Relocate

Of the 80 clients who began the project's rehabilitation and relocation program, a total of 34 or 42% did not relocate. Those who did not relocate can be divided into two groups.

1. Drop Outs - Those who terminated services, either without notifying the MRC or before they should have left in the opinion of the staff.

2. Counsel Outs - Those for whom, after an evaluation period, the treatment team did not think continuous, competitive employment and/or relocation was feasible. These clients were either counseled toward other alternatives or returned to their supply communities with appropriate recommendations. Although their adjustment in the supply community was and will probably continue to be marginal, their adjustment problems would only be aggravated in a large, urban community.

Table XI shows the reason given by the MRC treatment team for the client's failure to relocate to the demand area:

Table XI

REASON FOR TERMINATION

N=34

Reason	Drop Outs N=18	Counsel Outs N=16
Lack of interest or motivation	9	4
Secured job or began training in supply area	3	0
Environmental problems (family, etc.)	4	2
Psychiatric problems	1	4
Medical problems	0	5
Incarcerated	1	0
Drafted	0	1

It can be seen in Table XI that the majority of clients who were counseled out before relocation had medical and psychiatric problems of such severity that the clients were unable to relocate. Half of the drop outs, in contrast, did not appear to be committed to a permanent relocation. The relatively large number who were counseled out is not unexpected, as those without problems were not to be referred. A reduction in the counsel out rate could probably be brought about by more careful assessment of the needs of the relocatee and his ability to profit from services.

Those Who Did Relocate

46 of the 80 clients (58%) were able to successfully obtain employment and relocate to the demand area.

Relocation Assistance Allowances (RAA)

The average RAA provided to clients to move their families and household goods to the demand area was $303.88 with a range of $115 to $680. The clients were found to have little difficulty in securing the moving estimates and other information necessary to provide these allowances.

Because they typically had no household goods to move, the project found that single youth did not need a moving allowance in order to facilitate relocation. It is questionable, however, whether some would have moved had not some financial incentive been present.

The RAA appears to be essential, however, for adults with families. Without it, there is little likelihood that the clients would have been able to relocate. As discovered with the MDTA living allowances, the RAA functioned both as a financial necessity and as an incentive to begin the program and carry out relocation.

Employment at Relocation

The job the average client obtained in the demand area provided a salary of $2.16 per hour. This was an increase of $.22 per hour over the average salary on their last job in the supply area. In addition, their demand area jobs were all full-time, permanent jobs rather than seasonal.

A listing is provided of the job and salary of each of the 46 clients at the time of their relocation in the demand area.

Job Title	Salary Per Hour
Clerical and Sales	
Clerical Supervisor	$1.72
Messenger	1.56
Receptionist	1.65
Sales Supervisor	2.75
Storekeeper	1.85
Storeroom Clerk	1.75
Service	
Janitor	1.75
"	2.00
"	2.00
"	2.50
Laundry Worker	1.83
Nurse Aide Trainee	1.25
Nurse Aide	1.62
Factory Operatives and Craftsmen	
Assembler	$1.25
"	2.04
"	2.20
"	2.35
"	2.45
"	3.00
Laborer	1.95
Lathe Operator	2.20
Machine Maintenance Trainee	2.03

Job Title	Salary Per Hour
Factory Operatives and Craftsmen (cont.)	
Machine Operator	$1.73
" "	1.75
" "	1.85
" "	2.00
" "	2.00
" "	2.00
" "	2.00
" "	2.00
" "	2.26
" "	2.45
" "	2.52
" "	2.56
Machinist	2.25
Machinist trainee	2.30
Optical Lens Grinder	1.50
Welder	2.50
Miscellaneous	
Corrections Officer	2.50
Fireman	2.71
Heavy Equipment Operator	4.77
Order Filler	2.16
Paint Mixer	2.65
Parts Man	2.19
Presser	2.00
Spray Painter	3.00

Review of Project Outcome

The disposition of the project's clients is reviewed in Tables XII and XIII.

Table XII

DISPOSITION OF REFERRED CLIENTS

N=197

Disposition	Number		Per Cent	
No Show for Screening		31		16%
Not Interested at Screening		11		6%
Rejected for MRC Services		61		31%
Accepted for MRC Services		94		48%
No Show for Program Start	14		7%	
Started Program	80		41%	

Table XIII

DISPOSITION OF CLIENTS WHO STARTED THE PROGRAM

N=80

Outcome	Number	Per Cent
Relocated	46	58%
Dropped Out	18	22%
Counseled Out	16	20%

The next sections of this report will document the services provided in follow-up to the 46 who relocated and the outcome of these services.

PHASE 6 - FOLLOW-UP

This phase began when the client relocated and follow-up services, both on a group and individual basis, continued until the project terminated in December 1967. In some instances the services were initiated by clients and in others, MRC staff provided the outreach activity to initiate the services. The purpose of the services provided in this phase was to enable relocated clients and their families to become productive, contributing members of the urban community. The average length of time in this phase for the 46 who relocated was 8 months with a range of 5 to 14 months. Most of the follow-up services were provided by the project social worker.

A. Services Provided

I. Financial

a. Advice on budgeting and spending, banks, shopping, etc.
b. Counseling on debt problems, assistance in debt adjustment planning
c. Referral to community debt adjustment resources
d. Referral to an attorney

II. Schools

a. Counseling with worker and spouse on fears related to large, racially integrated schools
b. Regular liaison with demand area school social workers to develop plans for children of relocated clients who had special problems

III. Health

a. Provision of information about available resources
b. Isolation of dental, mental and medical problems which the family was not aware of or was not doing anything about
c. Referral to free or low cost public resources such as well-child clinics, when appropriate, or to privately available services
d. Referral to hospitals and liaison with hospital intake personnel
e. Liaison with supply area county welfare departments for clients on a Medical Assistance program
f. Marriage-family counseling or referral to resource agencies

IV. Job Retention

a. Continued counseling on behavior problems which were isolated in the team services phase of the program
b. Family counseling to encourage their support of job-retention efforts of staff
c. Employer liaison, where feasible, to keep project staff informed of client performance on the job and to enable staff to deal with problems before they become unmanageable

B. Findings

Financial problems required heavy service in-put to most clients.
As noted earlier, teaching how to budget is not meaningful when the client has no income. The project found that this service can and must be provided as soon as the client obtains steady employment. For many clients, this was the first time they could plan on a steady, adequate income over a long period of time.

Debt adjustment counseling services were frequently necessary due to the large debts the clients brought with them from the supply communities. The project made use of the debt adjustment counseling services found in neighborhood citizens community service centers of OEO. Personnel in these community centers were able to formulate realistic repayment plans with the clients. In spite of this, some clients needed frequent project support to remain in debt adjustment counseling. The project found that those debt adjustment services which were available to clients in supply communities were creditor-oriented and usually did not take into account the client's ability to function within the repayment schedule.

Arrangements for obtaining adequate health care for families is a necessity.
In the supply area, most families had insufficient income to obtain regular health care. As a consequence, many families relocated with problems needing immediate medical attention. In the new community, husbands were encouraged to take advantage of family health insurance plans offered through the employer. Surprisingly, many had obtained the coverage for themselves, but not for their families.

In addition, the project was also able to assist relocated clients to begin utilizing resources for preventive health care.

In general, most clients needed some services of this nature with a few needing intensive services.

The hard-core unemployed need considerable job-retention services. The project found that most clients were unemployed in the supply area because of an interaction between their own inadequate behavior and the restrictive job market of a small community. Assisting the client to select and find an appropriate job in the demand area deals with just one aspect of the problem. Follow-up services are necessary to assist the clients to continue to make the changes in their behavior which will enable them to retain an appropriate job. In fact, the most extensively provided project follow-up component was job-retention service. The effectiveness of these services in increasing job stability will be analyzed later in this report.

Assisting youth to develop ties to the urban community is necessary. Single youth, because they have no family responsibilities, were found to need ties to the demand area communities - beyond simply a job in it - to keep them committed to living in the urban community. The project found it difficult to interest some relocated youth in entering community activities which would help develop these ties.

Coordination of services of community agencies is necessary. Each community agency in the demand area, whether public or private, has its own eligibility criteria, goals, and service components. Thus, one agency may provide help in job-finding, another help with medical problems, another with legal problems, another with financial problems.

It was necessary for the project staff to take the role of coordinating the services of the various community agencies so that relocated clients could get the necessary services.

It was found that no demand area community agency is committed to helping people keep jobs or to helping families solve the range of problems which will enable them to remain in a new community. The agency responsible for relocating clients in an on-going program will have to provide these services.

STATUS OF CLIENTS

AT

END OF PROJECT

In a one-month period ending November 25, 1967, the project attempted to contact each of the 80 clients who had started the MRC program. The purpose was to determine the status of each client at the termination of the project and to obtain definitive information from the clients concerning their recent employment history, reaction to the project's program, etc. The average length of time between relocation and this end of project follow-up was approximately eight months. A student from the University of Minnesota administered the questionnaire reproduced in Appendix D to the clients who had relocated. The project attempted to obtain information from those who had not relocated (Counsel Outs and Drop Outs) by mailing a questionnaire to each client. Although the questionnaire sent to those who did not relocate was shorter, the questions asked were either identical to or only slightly re-worded from those asked the relocated clients.

RESPONSE TO THE SURVEY

Those who relocated:

The interviewer was able to administer the entire questionnaire to 38 of the 46 relocated clients (83%). Complete information was obtained from each of these clients. By contacting the Employment Service, Welfare Departments, and friends and relatives of the remaining 8 clients, the project was able to obtain simple status information such as the city of residence, whether or not the person was employed, etc.

Those who did not relocate:
A total of 20 of the 34 clients who did not relocate (58%) returned the questionnaire for analysis. Because of the short time available and the cost involved in long distance communication, only two attempts were made to contact each of those who did not respond. Unfortunately, there was great variability in the frequency with which individual items were answered by those who returned the questionnaire.

Because interpretation and comparison of groups based on such a large unknown factor is extremely hazardous, it was decided to limit this end of project analysis to information obtained from relocated clients.

FINAL FOLLOW UP RESULTS - RELOCATED CLIENTS

Community of Residence:

The project found that 40 of the 46 relocated clients or 87% had remained in the demand area. Of the remaining 6, one had been drafted into the Armed Forces, one had moved to California, and four had returned to the supply area. Only one client who left the demand area was married. The average age of those who left was 20.

Work Status:

The employment status of 2 clients who left the demand area was unknown at follow-up. Of the remaining 44 who had relocated, 42 or 93% were known to be employed. Technically, the 2 found not to be employed were not in the labor force. One was in the last two weeks of a pregnancy and the other was receiving AFDC in the supply area.

Wages:

The average relocatee contacted was earning $2.50 per hour. This is an increase of $.34 per hour over the average wage at relocation and represents an average increase of $.56 per hour over the last job held in the supply area. Only 6 clients had not received a salary increase since they started their job. However, the average starting salary for those 6 was $3.06 per hour. Significantly, only 1 relocated client contacted was employed on a seasonal job in the demand area.

Job Retention:

As noted earlier in this report, 61% of the clients who began the MRC program had held their last job in the supply area for less than four months. Critically important, then, is the extent to which MRC services were effective in reducing job-retention problems. The project attempted to assess this by determining the percentage of clients whose length of time on their job at follow-up exceeded the length of time on their last job in the supply area. The project found that 29 of the relocated clients had been in the demand area long enough to make it possible for them to exceed the length of time on the last job prior to the project. All 29 had been on their job at follow-up long enough to exceed it.

The project found that 6 of the relocated clients contacted had been on more than one job since relocating. Determining the length of time these 6 were out of work in the demand area is important. Also meaningful is a comparison between the length of time these clients were unemployed in the demand area and the length of time they were unemployed just before the project. The median length of time these 6 were unemployed prior to being screened for the project was two months. The median length of time they were unemployed between jobs in the demand community was one week.

Together with the salary increases noted earlier, a possible indicator of employer satisfaction with the relocated clients as workers is the finding that nearly 30% of the relocated clients contacted reported having been promoted by their employer. 82% of the relocated clients contacted perceived their job at follow-up to be better than their last job in the supply area. Two-thirds perceived their job at follow-up to be using more of their skills than their last job in the supply area.

Financial Condition:

87% of the relocated clients contacted reported that their sole source of support since relocating was their employment. 82% of the relocated clients contacted perceived their financial situation as being better at the time of follow-up than it was just prior to entering the project. MRC casework staff report that although many clients have increased their consumer indebtedness since relocating, their ability to meet the payments has improved markedly because of an adequate, steady income.

The MRC staff also observed a considerable shift in the manner in which clients use community resources. The shift appears to be from using agencies strictly for financial assistance to using agencies for professional services such as debt adjustment counseling.

Housing:

A total of 13 of the relocated clients contacted have changed their address in the demand area since relocating. These moves seem to have been to better housing. 11 of the 38 relocated clients contacted, or nearly 30%, considered their last housing in the supply area to have been unsatisfactory. In contrast, only 2 clients contacted, or 5% considered their demand area housing to be unsatisfactory. In addition, the number who reported being very satisfied with their housing in the demand area more than doubled over the number being very satisfied with their supply area housing.

All relocated clients were asked on the follow-up questionnaire, "In general, are you glad you moved"? Every relocated client contacted answered "yes".

SERVICE RATES

The extensive, comprehensive nature of the services which were provided relocated clients can be seen in Table XIV. The table summarizes the number of MRC professional staff contacts with relocated clients from the start of their MRC program through the date of their relocation, and follow-up contacts from their date of relocation to the end of the project.

Table XIV

AVERAGE NUMBER OF CONTACTS PER CLIENT

Discipline	Contacts Prior to Relocation	Contacts in Follow-up	Discipline Total
Social Casework	13.4	10.0	23.4
Social Groupwork	21.3	2.6	23.9
Vocational Counseling	12.7	.8	13.5
Total Per Client	47.4	13.4	60.8

The average relocated client had a total of 61 contacts with MRC staff for an average of 62.3 hours of direct professional contact. In addition, the average relocatee spent a total of 60 hours in the MRC's Vocational Evaluation Unit.

That 61 professional contacts provided to relocatees represents a significant amount of services can be seen through a comparison with the service rates of several other public and private agencies.

United States Employment Service: Calculations of counseling interviews based on "initial" and "subsequent" counseling contacts in fiscal 1967 finds that the average person who is identified by the Employment Service as in need of counseling services receives 2.0 counseling contacts.

Division of Vocational Rehabilitation: A 1963 study in Missouri found the average client received 4.9 counseling contacts.

Family and Childrens Service: Nationally, the average case receives five or less contacts.

Minnesota Mental Health Centers: The only roughly comparable figure available is based on the number of visits to the Mental Health Center either by the client or by someone else in behalf of the client in 1965-66. For those cases identified as needing treatment, there was a median of 6 visits to the Mental Health Center.

COSTS

AND

BENEFITS

In determining whether these rehabilitation and relocation services are justifiable, it is necessary to assess both the economic cost of the services and the benefits that are derived from the services.

COSTS

A. Cost of the Project

The total cost of the project was $124,478. This figure includes $80,168 for MRC services and $44,310 for training and relocation allowances administered through the MSES. The total per person cost for the 80 clients who started the program averaged $1556.

It should be understood that these rehabilitation and relocation services were provided through the vehicle of a special project which had a variety of research and demonstration costs. These extra costs would not be present in an on-going service program. Most crucial to an understanding of the costs of a rehabilitation and relocation program is an analysis of the cost to replicate the service elements in this project.

B. Cost of Services

We estimate the total cost to provide these services to 100 people to be $138,600. This would include $81,000 for MRC services and $57,600 for allowances. The per person cost to serve 100 clients would thus average $1386. This compares favorably to the average cost per person of $1664 proposed for institutional training programs under MDTA in 1968.

BENEFITS

There are benefits derived from the services on which a precise economic value can be placed. There are, however, a number of social benefits which are not measurable in such precise terms but which should certainly not be overlooked. These benefits will be analyzed separately.

A. Economic Benefits

The average relocatee was earning $2.50 per hour at the end of the project. The average gross income for this person would be $5,000 per year.

With his four dependents, the average relocatee would contribute approximately $290 per year in federal income taxes. This does not include other direct and indirect taxes such as social security, federal exise taxes, state income taxes, etc. Even assuming that the average relocatee's salary never increased and that the tax rate remained unchanged, he would re-pay in federal income taxes alone in 4.8 years the estimated cost of the rehabilitation and relocation services.

Other economic benefits of the services are derived from the change of the relocatees from intermittent, seasonal employment to steady, year-round employment. As noted earlier in the report, 40% of the clients had received Unemployment Compensation during the year prior to referral to the project. No project client has received Unemployment Compensation since relocation.

In addition, the need for public welfare assistance has been all but eliminated for relocated clients. More than one-half of the clients had received welfare during the year prior to the project - one-fourth more than $1,000. Only two clients have needed public relief since relocating. One received $10 between jobs. The other case involved a family of 14 who had been receiving $600 to $700 per month for several years from the welfare department in the supply community. Since relocating, the family has been provided approximately $40 per month for utilities and clothing for the children. Even this assistance will terminate in a short time when the oldest child (an honor student in a demand area high school) graduates and goes to work.

Partly as a result of their intermittent employment, many of the project's clients were severely in debt in the supply area. As long as the clients were receiving welfare assistance these debts could not be repaid. Steady employment combined with the debt adjustment counseling services available in the demand area have enabled many of the clients to begin repaying their creditors.

B. Social Benefits

For those who have been engulfed in poverty for years, an adequate income from appropriate, steady employment is the foundation upon which, with services, other desirable social changes can be built.

In the supply area, critical problems in family functioning had resulted from the extensive periods of unemployment of the father. No longer the provider, the father tended to lose authority, the wife began to lose respect for him, the children no longer saw a working man as their model. These problems are abating in families since relocation to steady employment.

Continued poverty had also sapped the desire and ability of the clients to provide for the health and education of their children, participate in community life, and engage in planning for the future. Improvement in economic condition since relocation enabled families for the first time to devote energy to involvement in community life. Some of the parents are active with the PTA in their children's school, in company social activities, and in church activities. The project was able to direct families to available public and private health care resources for both untreated problems and for preventive care. The ready availability of these resources in the urban area, the counseling and assistance to make use of them, and the easing of financial stress have combined to make adequate health care a reality for relocated families.

Another notable benefit is better housing conditions for the families. In the supply community, most families lived in overcrowded, unsanitary conditions. These conditions tended to heighten family stress and frequently led to health problems. Every relocated client is living in a decent neighborhood in decent housing. The change in housing has had particularly positive consequences for the clients who were dependent on and living with relatives in the supply area. Steady employment and relocation has enabled these families to enjoy the freedom and responsibility of their own dwelling.

Probably the least measurable but important social benefit is the change in attitudes, values, and behaviors associated with movement from the impoverished class to the stable working class. These are changes that are slow to take place and have only been begun during the project. Families who have existed for years in poverty have been helped to slowly become accustomed to stable, adequate incomes. They are beginning to make changes indicative of a more secure view of the future. Changes such as a desire for and planning to own their own home, interest in and planning for the future of their children, planning for retirement, and family planning.

Changes in individual clients probably best illustrate some of these benefits. Client R.I., age 38, earned $6,326 during the year since his relocation - the most he has ever earned. In 16 years of marriage this was only his second full year of employment. His children now speak respectfully and admiringly of him and the client has reported a substantial reduction in marital stress. Before relocation, the wife had been discussing divorce with her minister.

In the supply area, client D.R. worked at various janitor jobs and lived in a crowded public housing unit. The family was chronically deep in debt. The client's 19 year marriage was often in jeopardy because of his alcoholism. Since relocation D.R. has been steadily employed, repaid $1800 in old debts, and purchased a $17,000 suburban home. The new home for this family is symbolic of their rehabilitation and the realization of a life goal.

Client G.L. and his family of three were debt-ridden and lived in a rundown, two room trailer while the client drifted from job to job in the supply area. The client's demand area employer is now training him for promotion. A major change in this client is evidenced by the satisfaction he and his wife indicated when, for the first time, they were able, without welfare assistance, to pay for their third child's birth expenses. The client also recounted that he is no longer fearful when "Personnel" ask to see him - "It's about training, not a garnishment or a pink slip".

IMPLICATIONS

AND

RECOMMENDATIONS

The project has found that hard-core unemployed citizens of small rural communities can be assisted to relocate and become productive, contributing members of large urban areas. However, the project has also found that simply moving a hard-core unemployed person to a less restrictive labor market and helping the person find a job in that labor market is not sufficient. Extensive supportive services were found necessary, both before and after relocation, to modify those behaviors which, together with restricted employment opportunity, made the person a marginal member of the original community.

In addition to documenting the feasibility of relocating the hard-core unemployed, this report has attempted to document the services which were found necessary to make relocation a viable service alternative with this sample. It should be recognized that this project has provided only part of the answers. The project provided services only in the demand community and had little to do with the selection process or the services which were provided in the supply area. In addition, the project was designed to deal only with a small sample of the total population who may need and be able to profit from relocation service, e.g., the project dealt with the hard-core unemployed identified as needing both rehabilitation and relocation services.

The findings of this project must be put together with the findings of other labor mobility demonstration projects which provided different services, in different geographical areas, to different samples of those who needed and wanted relocation services. After analyzing all of the findings a determination can be made as to whether or not relocation assistance should become a part of our national manpower policy.

If helping people successfully relocate to secure employment is to become an effective component of our national manpower program, the findings of this and other mobility projects should be integrated into a system which would enable maximally flexible relocation services to be provided.

A model system which could be used effectively by any state employment security agency would:

1. Provide a systematic assessment procedure which would enable personnel in the supply area to operationally define the specific problems that a given individual would have in relocating.

2. Provide for matching these problems with specific service components. The system would enable supply area personnel to properly select the resource or resources most able to cope with a relocatee's problems.

3. Provide for proper sequencing of services in the supply area and in the demand area.

4. Provide for following selected relocatees through the service sequence in order to feed back information which would enable the system to be modified when necessary.

5. Provide for training line-level replacement personnel in how to use the system.

6. Provide administrators and supervisors with sufficient structure and instruments with which to monitor the quality of the system.

In order to insure maximum effectiveness in a nationwide relocation system, we also recommend that:

1. The responsibility for providing relocation services rest with the Employment Service. Provision should be made, however, for a State Employment Service to contract with other supply and demand area agencies for necessary supportive services.

2. Relocation be viewed as a service alternative of the Employment Service, not as an independent program which might involve quota pressures. Relocation should thus be seen as similar to selective job placement.

3. A determination always be made in the supply area of both the service needs of the potential relocatee and his potential to benefit by the services. For example, an individual might need services for his alcohol problem, but his ability to profit by the services might be minimal.

4. If critical problems identified in the supply community cannot be matched by specific service components in the demand community, the individual should not be relocated to that community even if an appropriate job exists.

5. Provision be made for relocatees to obtain medical examinations to assess possible visual, auditory, cardiac or respiratory problems and their vocational implications before relocation.

6. Provision be made so that, when distance permits, the head of the household spends a trial work period in the demand community before uprooting the family.

APPENDIX

APPENDIX A

CRITERIA FOR REFERRAL

Under terms of the project contract, the following were criteria for referral. The person must be:

1. Either sex, age 17 to 55.
2. Unemployed without a reasonable expectation of securing suitable local employment.
3. Registered with the referring Minnesota State Employment Service local office and considered to be unable to obtain significant benefit from any other Employment Service program.
4. Without progressive or terminal medical problems.
5. Able to live without supervision in the demand area.
6. Minneapolis Rehabilitation Center services would not conflict with other services offered locally.
7. In need of special services to relocate.
8. Able to achieve economic independence in the demand area.
9. Able to earn at least $1.40 per hour in the demand area.

APPENDIX B

REFERRAL FORM

TO: Labor Mobility Project
Minneapolis Rehabilitation Center
1900 Chicago Avenue
Minneapolis, Minnesota 55404

Date_____

FROM: M.S.E.S. Local Office_____

Referring Person_____

I. Basic Facts

Client's Name_____ Soc. Sec. No._____
Last First Middle

Mailing Address_____

Street Address_____
City County State Zip Code

Phone_____ Draft Status_____

Birthdate_____ Age_____ Sex_____ Race_____ Religion_____

Marital Status: S. M. Sep. W. D. No. of Dependents (include self)____

Highest Grade Completed_____ Previous Training_____

Current Sources and Amount of Income_____.

Typical Occupation_____ Salary_____ per_____.

LAST JOB_____ Dates_____ to_____
Title

Name of Employer_____ Address_____

Name of next Previous Employer_____ Address_____

Longest job held_____ Dates_____ to _____

Name of Employer_____ Address_____

Present Job Skills_____

Interests_____

II. In <u>your</u> opinion, this client is unemployed because _____

_____

_____

What do you see as the most appropriate vocational goal for this client?

_____

In client's opinion, he/she is unemployed because_____

_____

_____

PROBLEMS: Visual____ Hearing____ Physical____ Psychological____ Alcoholic_____

Illegal Activity____ Other_____

Additional information regarding disabilities:_____

_____

Name and address of physician familiar with client's problems:

_____

III. Other agency involvements (i.e. State Hospital, correctional institutions, Division of Vocational Rehabilitation, County welfare departments).

Name of Institution	Address	Worker
Name of Institution	Address	Worker
Name of Institution	Address	Worker

IV. TEST SCORES:

GATB Date____/ /____ G___, V___, N___, S___, P___, Q___, K___, F___, M___

Others_____

V. Previous Plans and Results (training, placement, counseling):_____

VI. Additional Comments: Personality, Motivation, Family Situation:

VII. 1. Is it desirable that the client's spouse be present for the screening interview at the Minneapolis Rehabilitation Center? Yes_____ No_____

2. Is the client (and spouse if necessary) willing to travel to Minneapolis for screening on any day which we select? Yes_____ No_____ If no, on what days can he (they) come? M T W TH F

3. Will client (and spouse) need overnight lodging arranged for by us? Yes_____ No_____

4. How does the client plan to travel to the MRC?_____

_____

5. Can we reimburse him for travel and meals when he gets to the MRC or must he have an advance before he comes down?

No MRC money needed_____ Reimburse_____ Advance_____

NOTE: Please send any information you have from other agencies such as medical reports, progress reports, psychological reports, etc. We will copy this information and return it to you.

Do you have any additional questions or comments?

PERSONAL HISTORY FORM

(Completed by client, if possible, and submitted with MRC Referral Form)

NAME_____

Medical

Do you have a disability or medical problem? Yes ☐ No ☐

In your own words, how does it affect your ability to work?_____

_____

_____

When did it start?_____

Name of doctor who knows about your problem_____

His address_____

What are the names of any drugs you are now taking?_____

What other orders or advice has your doctor given you?_____

_____

Family

At home, with whom do you live?_____

_____

Is this arrangement satisfactory? Yes ☐ No ☐

How many brothers and sisters live at home with your parents?_____

How many other brothers and sisters are there?_____

How many are employed?_____
(include housewives)

Are your parents living?_____

Father's Name_____Address_____

Age (if living)_____Occupation_____

How far did he go in school?_____

Mother's Name_____Address_____

Age (if living)_____Occupation_____

How far did she go in school?_____

Were they ever divorced or seperated? Yes ☐ No ☐

Are you financially dependent on your parents? Yes ☐ No ☐

Total number of Dependents (including yourself)_____

Military Service

Draft Status_____ Type of Discharge_____

What type of work did you do in the service?_____

School

Name and address of last school attended_____

If you didn't finish school, why was it more important for you to quit school than to finish?_____

_____

Personal

How did you first learn about this project? (newspaper, radio, TV, sign, caseworker at Welfare Dept., Employment Service Counselor, friend, etc.)_____

_____

Would you be willing to move to Minneapolis in order to get a job? Yes ☐ No ☐

How much money would you need from a job to support yourself and your dependents in Minneapolis?_____

Race_____Religious preference, if any_____

Have you ever been in a prison, jail, or workhouse? Yes ☐ No ☐

If "yes", what was the nature of the offense?_____

Please list any other agencies, such as the county welfare department, Division of Vocational Rehabilitation, mental institutions, medical, etc., and the name and address of any person there who could comment favorably upon you.

Name of Institution Address Worker

_____

_____

_____

Employment

Why aren't your working now?_____

_____

What kind of help will you need in order to get a job?_____

_____

What kinds of work are you interested in?_____

_____

How many jobs have you had since leaving school?_____

List your last 5 jobs, beginning with the last one:

1. Name and address of employer_____

_____

What work did you do?_____Weekly pay $_____

Supervisor's name_____Date started_____Ended_____

Why did you leave this job?_____

What did you like least about this job?_____Most?_____

2. Name and address of employer_____

_____

What work did you do?_____Weekly pay $_____

Supervisor's name_____Date started_____Ended_____

Why did you leave this job?_____

What did you like least about this job?_____Most?_____

3. Name and address of employer_____

_____

What work did you do?_____Weekly pay $_____

Supervisor's name_____Date started_____ended____

Why did you leave this job?_____

What did you like least about this job?_____Most?_____

4. Name and address of employer_____

_____

What work did you do?_____Weekly pay $_____

Supervisor's name_____Date started_____ended____

Why did you leave this job?_____

What did you like least about this job?_____Most?_____

5. Name and address of employer_____

_____

What work did you do?_____Weekly pay $_____

Supervisor's name_____Date started_____ended____

Why did you leave this job?_____

What did you like least about this job?_____Most?_____

List any other jobs (include part time and temporary)_____

_____

_____

NOTE: Please sign your name after the word "SIGNED" on each slip.

MINNEAPOLIS REHABILITATION CENTER, INC.
1900 Chicago Avenue - Minneapolis, Minnesota 55404
(Authorization for sending or receiving reports)

I hereby grant permission to the staff of Minneapolis Rehabilitation Center, Inc., to secure or release such medical and social reports (from hospitals, employers, institutions, organizations, schools, etc.) as deemed necessary to contribute to my welfare.

Date _____ Signed _____

MINNEAPOLIS REHABILITATION CENTER, INC.
1900 Chicago Avenue - Minneapolis, Minnesota 55404
(Authorization for sending or receiving reports)

I hereby grant permission to the staff of Minneapolis Rehabilitation Center, Inc., to secure or release such medical and social reports (from hospitals, employers, institutions, organizations, schools, etc.) as deemed necessary to contribute to my welfare.

Date _____ Signed _____

MINNEAPOLIS REHABILITATION CENTER, INC.
1900 Chicago Avenue - Minneapolis, Minnesota 55404
(Authorization for sending or receiving reports)

I hereby grant permission to the staff of Minneapolis Rehabilitation Center, Inc., to secure or release such medical and social reports (from hospitals, employers, institutions, organizations, schools, etc.) as deemed necessary to contribute to my welfare.

Date _____ Signed _____

MINNEAPOLIS REHABILITATION CENTER, INC.
1900 Chicago Avenue - Minneapolis, Minnesota 55404
(Authorization for sending or receiving reports)

I hereby grant permission to the staff of Minneapolis Rehabilitation Center, Inc., to secure or release such medical and social reports (from hospitals, employers, institutions, organizations, schools, etc.) as deemed necessary to contribute to my welfare.

Date _____ Signed _____

APPENDIX C

VOCATIONAL PROBLEM CHECKLIST

(Completed at start of program)

Client_____ Interviewer_____ Date / /

Vocational Objective
___1. No Objective
___2. Inappropriate Objective
a. Present Skills _____
_____
b. Capacity to Learn _____
c. Basic Skills Reading _____ Math _____
d. Physical Capacities _____
_____
e. Present Job Potential _____
_____

Seeking Skills
___ 1. Doesn't look frequently enough
___ 2. Inadequate skill explanation
___ 3. Poor personal appearance
___ 4. Adequacy of "negative factor" explanation

Retention Skills
___ 1. Punctuality
___ 2. Absenteeism
___ 3. Taking orders from supervisors
___ 4. Relationship with co-workers
___ 5. Quantity of production
___ 6. Quality of production

Medical-Social-Psychological Resources

Recently active physician(s) _____
_____

Hospitalizations: _____ / / to / /
_____ / / to / /

Attorney: _____

Police Involvement: _____
_____

✓ indicates problem

APPENDIX D

END OF PROJECT FOLLOW UP QUESTIONNAIRE

(Administered to all relocated clients at close of follow-up services in November, 1967)

Client Name _____ Date _____
Wife Present ____ Yes ____ No

Please remember that your answers will be held confidential!
Time Started _____

1. Was your last housing up North (before the project)

____ Very satisfactory
____ All right
____ Not satisfactory

If "not satisfactory", please indicate all the reasons why it was not.

____ Not enough room
____ Place was rundown
____ Too far from work
____ Bad neighborhood
____ Not enough "conveniences" (indoor toilet, etc.)
____ Didn't like living with relatives
____ Other (explain)

---

2. Is your present housing here in the Twin Cities:

____ Very satisfactory
____ All right
____ Not satisfactory

If "not satisfactory", please indicate all the reasons why it is not.

____ Not enough room
____ Place is rundown
____ Too far from work
____ Bad neighborhood
____ Not enough "conveniences" (indoor toilet, etc.)
____ Too expensive
____ Other (explain)

---

3. How many times have you changed your address in the Twin Cities since leaving the temporary place you stayed at while you were at MRC?

____0 ____1 ____2 ____3 ____4

4. Do you own or are you presently buying a house?

____ Yes
____ No

5. What were your sources of support during the entire period you lived in Northern Minnesota? Please check <u>all</u> that apply to you.

____ Jobs
____ Unemployment Compensation
____ Welfare
____ Friends
____ Wife's job
____ Parent or Guardian
____ Other Relatives
____ Bank or Loan Company
____ Other. Please explain: _____

_____

6. While you lived in Northern Minnesota, did you receive help - <u>other than money</u> - from any of the above or other sources. (Examples might be legal help, debt adjustment, help in finding a job)

____ Yes
____ No

If "yes", please name all of the sources.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. What have been your sources of support since you moved to the Twin Cities? Please check <u>all</u> that apply to you.

____ Job(s)
____ Unemployment Compensation
____ Welfare
____ Friends
____ Wife's Job
____ Parent or Guardian
____ Other Relatives
____ Bank or Loan Company
____ Other (please explain) _____

_____

8. Since you moved to the Twin Cities, have you received help - <u>other than money</u> - from any of the above or other sources? (Examples might be legal help, debt adjustment, help in finding a job)

____ Yes
____ No

If "yes" please name the sources.

1._____

2._____

3. _____

4._____

9. Exactly how many jobs have you had since you moved to the Twin Cities?

(<u>since</u> relocation) _____

10. Do you have a job now?

____ Yes
____ No

If "no" how long have you been out of work? _____

11. Are you looking for a new job?

____ Yes
____ No

If "yes" who, if anyone, is helping you look for a job? _____

12. Thinking of the job you have now, is it a:

____ Better job than your last job up North.
____ No better, no worse.
____ Worse job than your last job up North.

13. Is your present job using:

____ More of your skills
____ About the same
____ Less of your skills

than the last job you held prior to the Project?

JOB HISTORY SINCE RELOCATION

It is important that you give complete information for <u>all</u> of the jobs (no matter how short) that you have held since leaving the project.

	JOB #1	JOB #2	JOB #3
Employer (name)			
How did you find out about the job opening?			
Date began (exact)			
Date ended (exact)			
Why did you leave this job?			
Job Title			
How many hours per week did you usually work (include overtime)			
Pay at beginning (Convert piecework to per hour salary)	_____ per hour	_____ per hour	_____ per hour
Pay now or at end	_____ per hour	_____ per hour	_____ per hour
Were you promoted?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Was this job.....	___ Temporary ___ Permanent ___ Seasonal	___ Temporary ___ Permanent ___ Seasonal	___ Temporary ___ Permanent ___ Seasonal
Did you tell the Employer you were at MRC?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

14. Thinking of your income and your expenses, do you feel your financial situation is:

____ Better now than it was before the project.
____ About the same.
____ Worse now than it was before the project.

15. What problems have you had since moving to the Twin Cities?

____ 1. _____

____ 2. _____

____ 3. _____

Please put an "X" beside the biggest problem.

16. What have been pleasant or happy experiences you've had since moving to the Twin Cities?

____ 1. _____

____ 2. _____

____ 3. _____

Please put an "X" beside the most pleasant or happy experience.

17. Have you had any problems that required hospitalization since you left the project program?

____ Yes
____ No

If "yes", please give the name of the hospital(s)

_____

_____

What was the problem? _____

_____

18. Have you been arrested since you left the Project program?

____ Yes
____ No

If "yes," what were you arrested for? _____

_____

18. (cont)
What happened (Disposition)? _____

_____

_____

19. In general, are you glad you moved to the Twin Cities?

____ Yes
____ No

20. How does your future look now compared to just before you started the Project?

____ Better now than before
____ About the same now as before
____ Worse now than before.

21. What do you like most about being here in the Twin Cities?

_____

_____

_____

22. What do you like least about being here in the Twin Cities?

_____

_____

_____

23. What services, if any, of the MRC did you find most helpful?

1. _____
2. _____
3. _____

24. What services, if any, of the MRC did you find least helpful?

1, _____
2. _____
3. _____
4. _____

25. Do you think you could have moved to the Twin Cities without help from the MRC?

_____ Yes
_____ No

Why? _____

_____

_____

26. If you have children, do they like the Twin Cities:

_____ Better than the Community Up North
_____ No better, no worse
_____ Worse than the Community Up North

27. Before you moved did you have any fears about moving to the Twin Cities?

_____ Yes
_____ No

If yes, what were they? _____

_____

_____

_____

28. Do you have any suggestions for improving the MRC program?

_____

_____

_____

29. Do you have any other comments or suggestions?

_____

_____

_____

Thank you very much for your cooperation!

Time Completed _____

Total Time (Minutes) _____

Interviewer's Initials _____

APPENDIX E

CASE EXAMPLES

Case I: Client S.J. Multiple Problem Family. Significant Improvement
STATUS ON REFERRAL: Age 39; unemployed 21 months; not seeking work; obese; family on verge of breakup and receiving public relief.

MRC Services:

Vocational Evaluation: Exposure to industrial production machines showed average skill. Client overly anxious, needed much support, able to read simple instructions only. Physically very strong. Best area: gross assembly. On completion client was confident of ability to succeed in factory assembly work.

Vocational Counseling: Primary service was counseling client's aspirations down to reality level. Counselor interpreted vocational tests and shop results. Client given positive reinforcement for good performance and negative reinforcement for poor performance. At conclusion of counseling services, client much more committed to work. Client helped to look for work.

Social Work: Main emphasis placed on dealing with self-justifying attitudes that the client used to excuse poor behavior. Good progress. Encouraged family to support client's positive efforts. Made plans for client to take family off relief 2 months prior to moving. Client and family helped to locate housing and arrange their move.

Follow up: Early problems in job retention required weekly confrontation. The family was helped to reaccept client as father and family leader- good results. Referral made to debt adjustment service for severe financial problems resulting from old debts - excellent progress. Family active in follow-up group activities, wife active in school and neighborhood affairs. Client promoted from assembler to fork-lift operator after 4 months, presently earning $2.45/hr.

Case II: Client J.M. Unemployed Youth, Moderate Improvement
STATUS ON REFERRAL: Age 20, 10 years education, spine injury, unemployed 6 mos., no prospects in home area due to inability to do heavy work.

MRC Services:

Vocational Evaluation: Concentrated on finding highest level of possible employment given physical limitation. Result - Excellent machine operator skills. Good work habits.

Vocational Counseling: Counseling helped client make a job plan based on skills. Client had very negative attitude towards accepting work responsibility. Encouraged client not to take jobs below his skill level. Only uses made of counseling.

Social Services: No success in helping client toward more normal social relationships - borderline delinquent behavior in off hours continued. Some relationship established, which client uses for information or support during crises.

Follow-up: After 9 mos. client still employed as machine operator at $2.56/hr. Comes in only when in crisis situations. Apparently respects staff advice and follows most. Some mild improvement in social behavior; continued social problems expected.

Case III: Client P.L. Older Worker - Returned Home to Find Employment
STATUS ON REFERRAL: Age 49, Air Force - retired, no employment for 2 years, sporadic job seeking, obese, hypertensive.

MRC Services:

Vocational Evaluation: Exposed to industrial jobs within level of skill and ability. Excellent machinist skill. Good response to supervision. Needed much support.

Vocational Counseling: Helped client see that previous work no longer appropriate because of his health. Helped to seek work as machinist. Client was hired as a machinist by manufacturer in home area.

Social Services: Primary work aimed at focusing client on re-entry into job market. Supported efforts to have client believe he could make it outside the Air Force. Terminated when good job in home area as machine operator was discovered in the new vocational area. (Note: Although the client is obviously better off because of the services, he must be considered a Project failure since he didn't relocate.)

Case IV: Client F.N. Unemployed Male. No Improvement
STATUS ON REFERRAL: Age 51, divorced, unskilled, chronic-alcoholic, free of alcohol during 2 mos. since release from State Hospital.

MRC Services:

Vocational Evaluation: First ruled out client's goal of work as machinist. Client had inadequate skill and reading ability. Exposed client to other vocational areas. Poor response to supervision. Client was showing skill in gross assembly tasks at time of discharge.

Vocational Counseling: Client was unable to accept his lack of ability to be a machinist. Took attitude that "they say I can't be a machinist". Not amenable to counseling services, was beligerent when faced with frustration.

Social Service: Attempted to help client face frustration without drinking. Client denied that alcohol was a problem. Said he could control it now. Wouldn't get involved in AA, even though he admitted at least 10 hospitalizations for alcoholism. When last seen, client was drinking heavily. He was referred back to the State Hospital. Unable to help this man as his defenses around drinking were unshakeable

Appendix F

ANALYSIS OF MRC-MSES RELATIONSHIP

IN REPLY REFER TO

U. S. DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SECURITY
REGIONAL OFFICE
219 SOUTH DEARBORN STREET
CHICAGO, ILLINOIS 60604

UNITED STATES EMPLOMENT SERVICE

UNEMPLOYMENT INSURANCE SERVICE

January 16, 1968

Mr. Jack L. Nichols
Project Coordinator
Labor Mobility Demonstration Project
Minneapolis Rehabilitation Center, Inc.
1900 Chicago Avenue
Minneapolis, Minnesota 55404

Subject: The MSES-MRC Labor Mobility Demonstration Project
(Your letter dated January 9, 1968)

Dear Jack:

I recall our brief discussion at the Durham Conference regarding the working relationship between the Minnesota State Employment Service and Minneapolis Rehabilitation Center, Inc., and I hope the following brief comments will suffice:

My observations and discussions with the MSES administrative and local office personnel leaves no doubt in my mind that an excellent working relationship exists between MSES and MRC, which may be termed unique by some, because the Labor Mobility Project involves a private enterprise working hand in hand with both State and Federal government agencies.

Unfortunately, there are persons both in private industry and government who do not think cooperation and effective working relationships can be established between the two. The relationship between MRC and MSES certainly disproves such thinking.

It is my personal observation that the MRC-MSES working relationship can unquestionably be attributed to honesty between the agencies, and mutual respect for staff capabilities.

The professional capabilities of MRC is well known, and it is quite apparent that the Minnesota agency experienced little difficulty in conveying the message to their local offices. The MSES local offices consider MRC as an excellent resource for the hard-core unemployed. Thus their desire to help the unemployed, coupled with the knowledge that MRC resources are available cannot help but assure effective working relationships.

Upon my next trip to the Twin Cities, I will look forward to visiting MRC.

Very truly yours,

Marion C. Smith

APPENDIX G

Supplemental Group Programs

The classes and meetings listed below are <u>in addition to your regular</u> activities at the Center and are planned to help you in working and moving to Minneapolis. Please be on time for all meetings.

Week I Urban Orientation and Beginning Evaluation

Monday	8:30	Welcome, Introduction to the program
	10:45	Forms to complete
	12:30	Testing
Tuesday	8:00	Factory and City tour
	12:30	Discussion of opportunities for recreation in the Cities
	1:15	Tests
	3:30	Class on how to use the bus and get around town
Wednesday	8:30	Preparation for Rehab services. "How to use the Center to reach <u>your</u> goals!"
		All day
Thursday	8:30	More preparation, or start evaluation services, as directed
Friday	8:00	Completing Pay Forms (Meet in lunchroom)
	2:30	Group - Final Decision time. "Is this the right program for you?"

Week II

Monday	3:15	Group Meeting - "Whose job is it to rehabilitate you?"
Tuesday	2:30	Group Meeting - Personal Appearance
Wednesday	3:15	Group Meeting - Moving Program
Thursday	2:30	Group Meeting - How to Find a Place to Live
Friday	8:00 - 10:00	Class on How to Fill Out an Application Blank

Week III

Monday	3:15	Group Meeting - What to do in a Job Interview
Tuesday	3:15	Group Meeting - Problems You'll Face
Wednesday	3:15	Group Meeting - Job-Seeking Problems
Thursday	2:30	Group Meeting - Planning Your Move